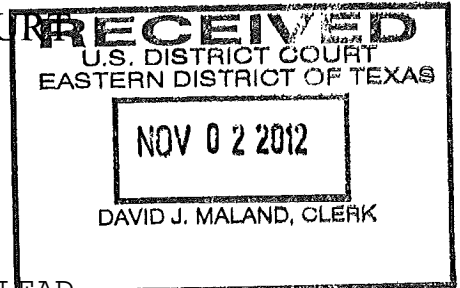


AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Eastern District of Texas



Blue Spike, LLC

Plaintiff(s)

v.

SecuGen Corporation

Defendant(s)

6:12CV499 LEAD
CONSOLIDATED WITH
Civil Action No. 6:12-CV-607

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) SecuGen Corporation
The Corporation Trust Company
Corporation Trust Center, 1209 Orange Street
Wilmington, Delaware 19801

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Eric M. Albritton
ALBRITTON LAW FIRM
P.O. Box 2649
Longview, Texas 75606

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 9/24/12



CLERK OF COURT

David Maland

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 6:12-CV-607

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) Secu Gen Corporation
 was received by me on (date) 10/02/12.

☐ I personally served the summons on the individual at (place) _____
 _____ on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 _____ on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other (specify): Certified mail, return receipt requested
7008 0500 0001 1806 1715

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 10/19/12

April M. Hall
 Server's signature
April M. Hall
 Printed name and title

111 West Tyler, Longview, Tx. 75601
 Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	\$5.65
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$10.95

Postmark Here
 09/28/2012

Sent To
SecuGen Corporation
The Corporation Trust Company
Corporation Trust Center
1209 Orange Street
Wilmington, Delaware 19801

PS Form 3800, August 2006 See Reverse for Instructions

SECTION ON DELIVERY

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SecuGen Corporation
 The Corporation Trust Company
 Corporation Trust Center
 1209 Orange Street
 Wilmington, Delaware 19801

2. Article Number
 (Transfer from service label) 7008 0500 0001 1806 1715

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

B. Received by (Printed Name) *[Signature]*

C. Date of Delivery OCT 02 2012

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540